
ENERGY PROGRAMS
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

EP – 620 LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

Change #2-2015

October 1, 2015

620.01 GENERAL INFORMATION

A. What is the Energy Programs (EP) System?

The Division of Social Services' (DSS) Energy Programs System is a web-based resource where the CIP and LIEAP data systems resides. It is designed for statewide county users and DSS staff. It functions as a centralized data system to capture basic information on Crisis Intervention Program (CIP) and Low Income Energy Assistance Program (LIEAP) requests. This information is used to document and calculate the amount of county assistance that can be rendered based on individual and county (balance) limits.

B. Responsibilities

It is the county's responsibility to ensure the accuracy of the information and that the information is keyed in a timely manner.

620.02 SYSTEM ACCESS

A. How to Obtain or Modify Access

The Department of Health and Human Services' (DHHS) Customer Support Office will add and update county staff users and their level of access within the Energy Programs System based on e-IRAAFs submitted by county security officers. An e-IRAAF must be completed to register individuals with newly assigned NCID User ID, to access the Energy Programs System. County security officers should call Customer Support at (919) 855-3200 (option 2) regarding any security issues after access has been assigned.

B. LOG-ON Procedures

To log into the Energy Programs System:

1. Go to the website address, <https://cip.dhhs.state.nc.us/signonscreen.asp>.

The following screen is displayed. A new message has been added to the EP signon screen. This message advises users that they must use their NCID User ID and password to sign on to the system.

| Signon | |
|--|--------------------------|
| User ID/NCID: | <input type="text"/> |
| Password: | <input type="password"/> |
| <input type="button" value="Sign On"/> | |
| * Passwords are case-sensitive. | |
| User must login using a valid NCID and password. If you do not have an NCID, contact your NCID Administrator/Security Officer. | |

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2. Enter the NCID User ID and password. A password will expire every ninety (90) days.

To log into the Energy Programs Systems With 'Dual Roles'.

1. Go to the website address, <https://cip.dhhs.state.nc.us/signonscreen.asp>.
2. The following screen is displayed. A new message has been added to the EP signon screen. This message advises users that they must use their NCID User ID and password to sign on to the system.

| Signon | |
|--|--|
| User ID/NCID: | <input style="width: 90%;" type="text"/> |
| Password: | <input style="width: 90%;" type="password"/> |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">Sign On</div> | |
| * Passwords are case-sensitive. | |
| User must login using a valid NCID and password. If you do not have an NCID, contact your NCID Administrator/Security Officer. | |

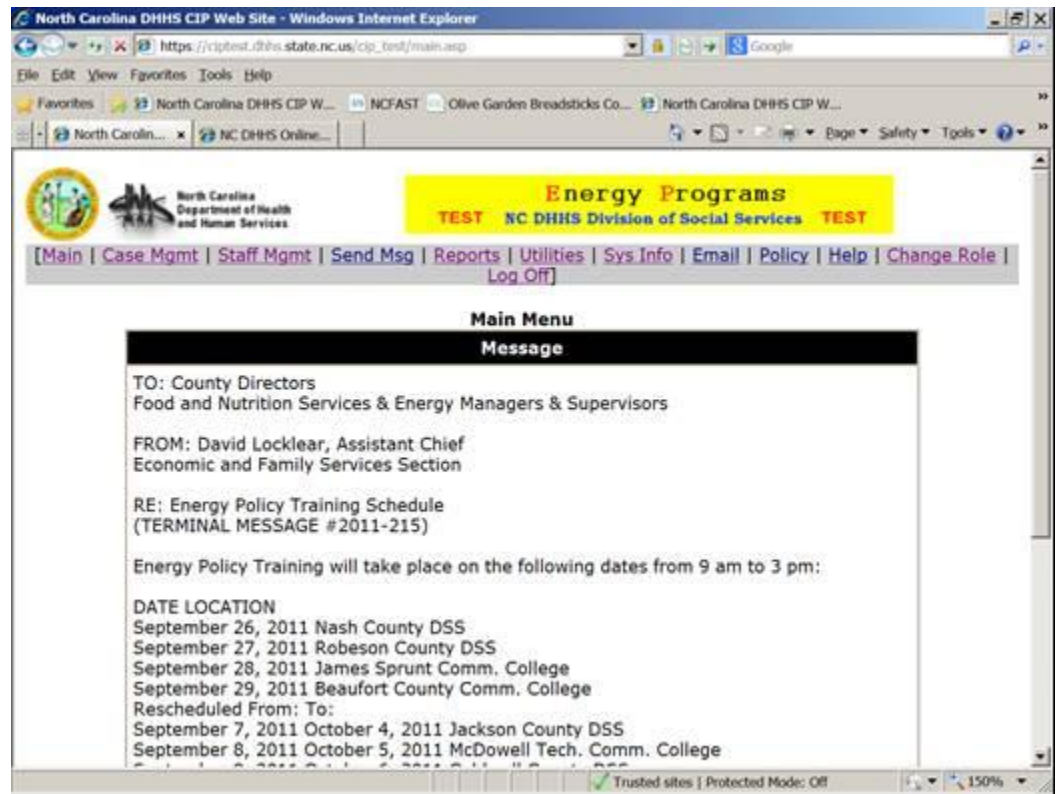
3. Enter your NCID User Id and password. Click Signon, to display the following screen.

Your NCID is associated with multiple roles. Please select the desired role for this session.

| | Username | Access | County |
|--|-----------------|--------------------------------|------------------------|
| <div style="border: 1px solid black; padding: 2px; text-align: center;">Select</div> | RLANNING | ADMINISTRATOR | |
| <div style="border: 1px solid black; padding: 2px; text-align: center;">Select</div> | RLANNING_LUMBEE | LUMBEE TRIBE OF NORTH CAROLINA | LUMBEE/NATIVE AMERICAN |
| <div style="border: 1px solid black; padding: 2px; text-align: center;">Select</div> | RLANNINGDE | DATA ENTRY | ALAMANCE |
| <div style="border: 1px solid black; padding: 2px; text-align: center;">Select</div> | RLANNINGVO | VIEW ONLY | |

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4. Select your desired role and the following screen is displayed.



5. Click "Change Role" to change your role.

To log into the Energy Programs training site:

1. Go to the website address,
https://ciptest.dhhs.state.nc.us/cip_training/signonscreen.asp .
2. Enter the County Name followed by the word train as the User ID.
3. If the county name is less than 9 characters, the pw will be the county name followed by DSS and the 2-digit county number. Yancey will be county 00. Example: UNIONDSS90
4. If the county name is 9-11 characters, the pw will be the county name followed by the 2-digit county number. EDGECOMBE33
5. If the county name is 12 characters, the pw will be the county name followed by the first digit of the county number. TRANSYLVANIA8

NOTE: A password is case insensitive, may be alpha, numeric, or a combination, and must be a minimum of 8 characters.

Call DHHS Customer Support at (919) 855-3200 (option 2), regarding any problems accessing this site.

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C. LOG-OFF Procedures

To log-off the system, choose the “Log Off” selection at the top of the screen. The user will be exited from the system.

D. How to Change the Password

The password will expire every ninety (90) days. The message “Your password will expire within 15 days” will appear on the signon screen 15 days prior to the password expiring.

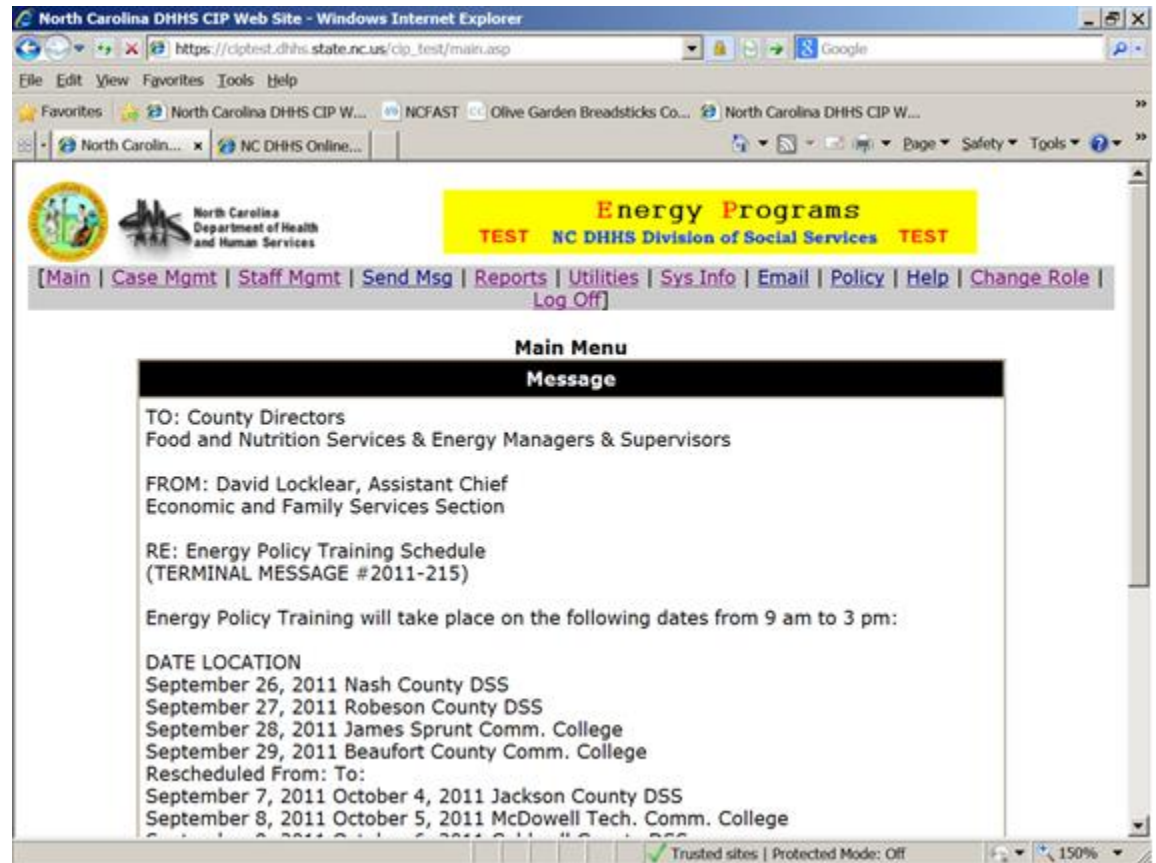
When the user is notified that their password is expiring, the user must use the NCID portal (<https://ncid.nc.gov/>) to change their password. A password used in the NCID system at any time in the past cannot be reused.

NCID access may be disabled if the account has been inactive for at least 12 consecutive months.

620.03 NAVIGATION THROUGH THE EP SYSTEM

Buttons are provided at the bottom of all screens for navigation through the Energy Programs System.

A. How to Begin



Each screen contains navigation buttons with options shown below. Clicking on an option takes the user directly to that screen.

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1. Main Menu (shows terminal messages)
2. Case Management (contains all CIP and LIEAP cases and allows for entry of new CIP and LIEAP applications)
3. Staff Mgmt (not seen by all users)
4. Send Message (not seen by all users)
5. Reports
6. Utilities Menu (not seen by all users)
7. System Info
8. Change Password/Email
9. Policy
10. Help
11. Contact Us
12. Log Off

Depending on the user's access privileges, some of the Main Menu options may not be available.

Click "Case Management" to access the EP Case Search Screen.

The EP Case Search Screen enables a list of cases to be built that will match one or more of the following Search Fields. The match can be either exact or partial. Some search fields allow a partial entry that will return cases where the partial entry matches the leftmost characters.

NOTE: EP Case #, SSN, and Birth Date require an exact match and, therefore, a complete entry.

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B. Search Fields

The screenshot shows a web browser window titled "North Carolina DHHS CIP Web Site - Windows Internet Explorer". The address bar shows the URL "https://cip.test.dhhs.state.nc.us/cip_test/request.asp?task=GO". The page features a navigation menu with links: [Main | Case Mgmt | Staff Mgmt | Send Msg | Reports | Utilities | Sys Info | Email | Policy | Help | Change Role | Log Off]. A yellow banner reads "Energy Programs" with "TEST" on either side, and below it "NC DHHS Division of Social Services". A red message states: "A thorough search by name and SSN is REQUIRED for each household member prior to creating a new case." The "EP Case Search" form includes fields for "EP Case #:", "SSN:", "Birth Date:", "First Name:", "Last Name:", and "Maximum List Limit:". A note for the First Name field says: "Note: Entering 'Don' will return 'Don', 'Donna', 'Donald' etc." and a note for the Last Name field says: "Note: Same as left." The Maximum List Limit is set to 20 (Max: 100). A "List" button is at the bottom left of the form. A "How to search?" link is below the form. The timestamp "3/15/2013 3:50:42 PM" is in the bottom right. The status bar at the bottom shows "Trusted sites | Protected Mode: Off" and a zoom level of "150%".

1. EP Case #: (system assigned) A full case number must be entered to find a case.
2. SSN: Social Security Number
 - a. 9-digit SSN must be entered.
 - b. Hyphens (-) are optional.
 - c. The input is automatically formatted when tabbing to another field.
 - d. If the individual does not have an SSN, enter zeros.
3. Birth Date: Date of Birth (DOB)
 - a. Requires a complete date entry in mmddccyy, mm/dd/ccyy or mm-dd-ccyy format.
 - b. The input is automatically formatted when tabbing to another field.
4. First Name (up to 20 characters)
5. Last Name (up to 20 characters)
6. Maximum List Limit: Maximum number of cases returned in EP Case List. The maximum number of cases that can be returned at any one time is 100. There is no minimum.

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NOTE: It is imperative that users complete a thorough search of the EP System when a client applies for benefits. The recommended procedure is to first search by SSN and then search by Name (first and last) to prevent duplicate cases. (See 620 F)

After entering search criteria, click the "LIST" button to view the list of cases selected.

C. EP Search Results

North Carolina DHHS CIP Web Site - Windows Internet Explorer
https://cip.test.dhhs.state.nc.us/cip_test/Request.asp

File Edit View Favorites Tools Help

Favorites North Carolina DHHS CIP W... NCFast Olive Garden Breadsticks Co... North Carolina DHHS CIP W...

North Carolina DHHS CIP Web Site

North Carolina Department of Health and Human Services

Energy Programs
TEST NC DHHS Division of Social Services TEST

[Main | Case Mgmt | Staff Mgmt | Send Msg | Reports | Utilities | Sys Info | Email | Policy | Help | Change Role | Log Off]

Search Criteria
Case #: All SSN : All DOB : All Last : Kong First : King MI: All

| Select | Name | Birth Date | SSN | City | Sex |
|--------|-----------|------------|-------------|---------|------|
| Select | KING KONG | 8/3/1951 | 000-00-0000 | RALEIGH | Male |

Search New Case Limit = 20 Retrieved = 1

3/15/2013 3:54:48 PM

Individuals found by the search are displayed in the EP Search Results screen. A search on a name, or partial name, will return everyone in the EP System that matches the criteria entered. For example, a search on Rob Smith will return Rob Smith, Rob Smithy, Robert Smith, Roberta Smith, etc. The results will also show all Rob Smiths in the system with different dates of birth and social security numbers.

Review the results on this screen. If the individual needed does not appear in the results, it is suggested that you search again by the individual's social security number and/or name and date of birth.

If the individual has not received benefits in the EP System, click on NEW CASE to set up a new EP case for this individual.

If the individual does appear in the results, click on SELECT by his/her name to proceed to the EP Individual List screen.

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D. EP Individual List

North Carolina DHHS CIP Web Site - Windows Internet Explorer
https://ciptest.dhhs.state.nc.us/cip_test/Request.asp

File Edit View Favorites Tools Help

North Carolina DHHS CIP W... NCFast Olive Garden Breadsticks Co... North Carolina DHHS CIP W...

North Carolina DHHS CIP W... NC DHHS Online...

North Carolina Department of Health and Human Services

Energy Programs
TEST NC DHHS Division of Social Services TEST

[Main | Case Mgmt | Staff Mgmt | Send Msg | Reports | Utilities | Sys Info | Email | Policy | Help | Change Role | Log Off]

SSN : 000-00-0000 Search Criteria DOB : 8/3/1951 Last : Kong First : King

EP Individual List

| Case | App. | Case# | App.# | Name | Birth Date | SSN | City | Sex |
|------|------|----------|-------|-----------|------------|-------------|---------|------|
| View | List | 50448750 | | KING KONG | 8/3/1951 | 000-00-0000 | RALEIGH | Male |

Search Limit = 20 Retrieved = 1

3/15/2013 4:15:26 PM

Trusted sites | Protected Mode: Off 150%

This screen displays all of the cases and applications in which the person selected on the EP Search Results screen has received benefits.

Click on VIEW beside the individual's name to proceed to the VIEW EP Case screen to view case information about that individual such as SSN, DOB, Address, etc.

Click on LIST beside any application number to proceed to the EP Application List screen to view the details of that application.

Click on New LIEAP Application to start a new LIEAP application on this individual.

Click on New CIP Application to start a new CIP application on this individual.

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E. EP Application List

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TEST NC DHHS Division of Social Services TEST

[[Main](#) | [Case Mgmt](#) | [Staff Mgmt](#) | [Send Msg](#) | [Reports](#) | [Utilities](#) | [Sys Info](#) | [Email](#) | [Policy](#) | [Help](#) | [Change Role](#) | [Log Off](#)]

Case ID: # 50448643

| EP Application List | | | | | | | | | |
|----------------------|----------|----------|---------------------|-------------------|--------|---------------------|----------|---------------|-----------------------------|
| App. | App. # | Case # | Funding Type | Head of Household | County | Date of Application | Status | Amt Requested | Amt Approved |
| View | 31154560 | 50448643 | Lieap Funding | Wanda Wonderful | Wake | 2/4/2013 | Approved | \$0.00 | \$200.00 |
| View | 31154379 | 50448643 | Regular Cip Funding | Wanda Wonderful | Craven | 11/15/2011 | Denied | \$88.00 | |
| View | 31154290 | 50448643 | Lieap Funding | Wanda Wonderful | Wake | 11/9/2011 | Approved | \$200.00 | \$400.00 (Adj: \$100.00) |
| View | 31154284 | 50448643 | Lieap Funding | Wanda Wonderful | | 11/8/2011 | Denied | \$0.00 | |
| View | 31154277 | 50448643 | Lieap Funding | Wanda Wonderful | Wake | 11/7/2011 | Pending | \$0.00 | |
| View | 31154257 | 50448643 | Lieap Funding | Wanda Wonderful | Wake | 11/2/2011 | Denied | \$0.00 | |

This screen displays all of the applications recorded for the individual selected (by Funding Type). It also displays the casehead/payee for those applications, the status of those applications, and the amount requested and approved.

Click on VIEW to review the details of a specific application.

Click on New LIEAP Application to start a new LIEAP application on the individual.

Click on New CIP Application to start a new CIP application on the individual.

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F. How to Enter a New EP Case

NOTE: Only enter a new CASE into the system if the client has never received CIP or LIEAP benefits or if the client is “breaking away” from the previous household. Example: a client is applying for herself and her child who are living on their own. She had previously received as a child in her mother’s case. She would then be given a new CASE number. If the client does not meet one of the criteria above, follow the instructions in H. below.

After clicking the **"NEW CASE"** button, the NEW EP Case screen appears.

The following input fields are available. These fields apply to the Head of Household and to the household address. Specific case information will be entered on the “New LIEAP Application” screen described in H. below.

NOTE: Required fields are marked on the screen with a red asterisk (*).

1. **SSN:** *Social Security Number is required.*
 - a. 9-digit SSN must be entered.
 - b. Hyphens (-) are optional.
 - c. The input will be automatically formatted after tabbing out of the SSN field.
 - d. Enter the social security number of each household member, if available. Enter the payee’s social security number on the first line. If the social security number is not available, enter zeros.

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NOTE: Duplicate social security numbers are not allowed for casehead/payees. If the SSN entered on this screen has already been used by another casehead/payee, the system will display the error message, DUPLICATE SSN VALUE NOT ALLOWED IN CASE.

TRY SEARCH AGAIN. If it has been verified that the SSN being searched is correct and an individual already in the EP System has the incorrect number, contact the county in which the incorrect number has been entered to resolve this issue. The incorrect SSN must be corrected.

2. **DOB:** *Date of Birth is required.*
 - a. Requires a complete date entry in mmddccyy mm/dd/ccyy or mm-dd-ccyy format.
 - b. The input will be automatically formatted after tabbing out of the DOB field.
3. **Name:** *(First, MI, Last, Suffix)* First Name and Last Name are required and may be up to 20 characters.
Enter Middle Initial (MI) and Suffix if known.
4. **Gender:** Gender is required.
 - a. Male
 - b. Female
5. **Ethnicity:** Required field from a drop-down menu.

| | |
|----------|----------------------------------|
| C | Hispanic Cuban |
| H | Hispanic Other |
| M | Hispanic Mexican American |
| N | Not Hispanic/Latino |
| P | Hispanic Puerto Rican |
| U | Unreported |

NOTE: Hispanic is an ethnicity, not a race. If Hispanic is checked, at least one race must also be checked.

6. **Race:** *(Select one or more that apply.)* At least one race is required.

The following check boxes are available to enter race:

| | |
|--|---|
| American Indian or Alaska Native | Click space to indicate "Yes". Leave blank to indicate "No". |
| Asian | Click space to indicate "Yes". Leave blank to indicate "No". |
| Black or African American | Click space to indicate "Yes". Leave blank to indicate "No". |
| Native Hawaiian or Other Pacific Islander | Click space to indicate "Yes". Leave blank to indicate "No". |
| White | Click space to indicate "Yes". Leave blank to indicate "No". |
| Unreported | Click space to indicate "Yes". Leave blank to indicate "No". |

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7. **Language:** Required field from a drop-down menu.

| | | | | | |
|----|---------------|----|-------------------|----|----------------|
| AR | Arabic | HM | Hmong | PE | Persian |
| CA | Cambodian | HU | Hungarian | PG | Portuguese |
| CH | Chinese | IT | Italian | PO | Polish |
| EN | English | JA | Japanese | RU | Russian |
| FC | French Creole | KO | Korean | SC | Serbo-Croatian |
| FR | French | LA | Laotian | SP | Spanish |
| GE | German | MI | Miao | TA | Tagalog |
| GR | Greek | MK | Mon-Khmer | TH | Thai |
| GU | Gujarati | OT | Other | UR | Urdu |
| HI | Hindi | PC | Portuguese Creole | VI | Vietnamese |

8. **Relationship:** Required field from drop-down menu. Only "*ELIGIBLE*" or "*INELIGIBLE ALIEN*" are valid entries for Case Head of Household.

- a. Boarder
- b. Eligible
- c. Ineligible Alien
- d. Other
- e. Representative

9. **Disabled:** Click space to indicate "Yes." Leave blank to indicate "No."

10. **Address:**

- a. The first address line, city, state, and zip code are required fields.
- b. All address entries are expected to conform to Streamweaver and must follow US postal service regulations.
- c. The first and second lines of the address allow up to 28 characters.

11. **Phone:** Telephone Number

- a. Area code is required when entering phone number.
- b. Dashes (-) are optional.
- c. The phone number is automatically formatted when tabbing to another field.

EXAMPLE: 123-456-7890

After completing all inputs, click the "ADD CASE" button to add the new case to the EP System. If a required field is missing, a message box appears reporting the problem. Click the "OK" button in the message to continue at the input field causing the problem. When successfully completed, a message displays ADD Case Successful along with the new EP Case ID number. Click the "OK" button in the message to continue to the View EP Case screen where the case information just entered can be reviewed.

G. How to View an EP Case

1. **SEARCH:** Click the "*SEARCH*" button to return to EP Case Search screen.
2. **CASE LIST:** Click the "*CASE LIST*" button to return to the EP Search Results screen

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3. **EDIT CASE:** Click the "EDIT CASE" button to modify information in the case.
4. **APPLICATION LIST:** Click the "APPLICATION LIST" button to return to the EP Application List screen.

H. How to Enter a New LIEAP Application

1. Click on the "New LIEAP Application" button on the EP Application List screen. The green NEW LIEAP Application screen appears.

Notice that some of the application fields are pre-filled with values. These pre-filled values are copied from like fields in the case data. These application fields may be edited as necessary, but note that when edited and saved, any changes to the application also changes the corresponding case data.

Therefore, case data always reflects the latest information submitted in new applications.

NOTE: Required fields are identified on the screen with a red asterisk (*).

a. **EP Application #:**

- (1) System-assigned (sequential) number unique to the application.
- (2) The application number is displayed after the application has been saved to the system.

b. **Date of Application:** (required) System populated in mmddccyy format

c. **Amount Requested:** Amount Requested is grayed out when keying the application and is system populated along with the Amount Approved once the case has been approved.

d. **Status:** System populated with the current status of the case.

- (1) Pending
- (2) Approved

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(3) Denied

- e. **Status Date:** System-assigned date when status changes.
- f. **Amount Approved:** System populated with the approval amount once the case has been approved.
- g. **Denied Reason:** If case status = denied, this field is system populated with denied selection chosen on the Eligibility Worksheet at the time of denial.
- h. **Fuel Type:** (required) Drop down list. Only one may be chosen.

The options are:

- (1) Coal
- (2) Electricity
- (3) Fuel Oil
- (4) LP Gas
- (5) Kerosene
- (6) Natural Gas
- (7) Other
- (8) Wood

- i. **Check Status** *(required) Drop down list. Only one may be chosen



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? How to enter a new LIEAP application form?

| NEW LIEAP Application | | | | | |
|-----------------------|---|----------------------|---|-------------------|---|
| Application #: | *** New *** | Date of Application: | 03/31/2015 * | Amount Requested: | |
| Status: | Pending | Status Date: | 10/2/2015 | Amount Approved: | |
| Denied Reason: | | | | Fuel Type: | <div style="border: 1px solid black; padding: 2px;">▼</div> |
| Check Status: | <div style="border: 1px solid black; padding: 2px;">▼ *</div> | | | | |
| County: | <div style="border: 1px solid black; padding: 2px;">▼ *</div> | County Case#: | <div style="border: 1px solid black; padding: 2px;"></div> | Worker/ District: | <div style="border: 1px solid black; padding: 2px;">▼ *</div> |
| Assistance Type: | Heat | | | | |
| Funding Type: | LIEAP FUNDING | | DAAS: <input type="radio"/> Yes <input checked="" type="radio"/> No * | | |

| Head of Household | | | | | |
|-------------------|---------------------------|------------|-----------------------------------|-----------------------------|---------------------------------|
| Case #: | 50089819 | SSN: | 579-66-6078 * | DOB: | 11/8/1946 * |
| Name: | (First, MI, Last, Suffix) | | ELLA * | M | SWIFT * |
| Gender: | Green Snip | Female ▼ * | Ethnicity: | N - Not Hispanic/Latino ▼ * | |
| | | | American Indian or Alaska Native: | <input type="checkbox"/> | Asian: <input type="checkbox"/> |

The options are:

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- (1) Disconnected
- (2) Household has equipment that is still operable, but places them at imminent risk of losing their home energy service
- (3) Household has Past Due or Shut-Off Notice
- (4) Inoperable equipment
- (5) Nearly out of heating fuel
- (6) Out of heating fuel
- (7) No emergency

- j. **County:** (required) Select the county of application from the County drop-down list.
- k. **County Case #:** Identifies county case number May be up to ten characters, which can be only alpha, numeric, and dashes in the County Case # field on the application.
- l. **Worker/District #:** (required) Identifies worker in county. May be up to three characters. May be alpha, numeric, or a combination.
- m. **Assistance Type:** Defaults to Heat.
- n. **Funding Type:** Defaults to LIEAP FUNDING.
- o. **DAAS (required):** Click on "yes" or "no" radial button. This field is used to indicate if the individual received services through the Division of Aging and Adult Services.
- p. **SSN:** *(required) Social Security If the individual does not have an SSN, key zeros.
- q. **DOB:** *(required) Date of Birth
- r. **Name:** *(First, MI, Last, Suffix) *First Name and *Last Name are required.
- s. **Gender:** *(Required) Male or Female
- t. **Ethnicity:** *(Required) field from a drop-down menu.

| | |
|----------|----------------------------------|
| C | Hispanic Cuban |
| H | Hispanic Other |
| M | Hispanic Mexican American |
| N | Not Hispanic/Latino |
| P | Hispanic Puerto Rican |
| U | Unreported |

- u. **Race:** *At least one race is required. Select one or more that apply.

| | |
|--|---|
| American Indian or Alaska Native | Click space to indicate "Yes". Leave blank to indicate "No". |
| Asian | Click space to indicate "Yes". Leave blank to indicate "No". |
| Black or African American | Click space to indicate "Yes". Leave blank to indicate "No". |
| Native Hawaiian or Other Pacific Islander | Click space to indicate "Yes". Leave blank to indicate "No". |
| White | Click space to indicate "Yes". Leave blank to indicate "No". |

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| | |
|-------------------|---|
| Unreported | Click space to indicate "Yes". Leave blank to indicate "No". |
|-------------------|---|

v. Language: *Required field from a drop-down menu.

| | | | | | |
|-----------|----------------------|-----------|--------------------------|-----------|-----------------------|
| AR | Arabic | HM | Hmong | PE | Persian |
| CA | Cambodian | HU | Hungarian | PG | Portuguese |
| CH | Chinese | IT | Italian | PO | Polish |
| EN | English | JA | Japanese | RU | Russian |
| FC | French Creole | KO | Korean | SC | Serbo-Croatian |
| FR | French | LA | Laotian | SP | Spanish |
| GE | German | MI | Miao | TA | Tagalog |
| GR | Greek | MK | Mon-Khmer | TH | Thai |
| GU | Gujarati | OT | Other | UR | Urdu |
| HI | Hindi | PC | Portuguese Creole | VI | Vietnamese |

w. Relationship: *(Required) Drop down list. Only "Eligible" or "Ineligible Alien" are valid choices for Case Head of Household.

x. Medical Deduction: *Click space to indicate "Yes". Leave blank to indicate "No". Cannot check Medical Deduction if Relationship is "Ineligible Alien."

y. Disabled: Click space to indicate "Yes". Leave blank to indicate "No".

z. Earned Income: Monthly gross earned income due to employment. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

EXAMPLE: 1500 is formatted to \$1500.00. 150092 is formatted to \$150,092.00. If cents are to be entered, be sure to insert the decimal: 1500.92.

aa. SSA Income: Monthly gross amount of Social Security benefits. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

bb. SSI Income: Monthly gross amount of Supplemental Security Income. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.

cc. WF Income: Amount of monthly Work First payment received. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.

dd. Other Income: Monthly income from all other sources. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

ee. Resources: *(Required) Resources is a 4-digit field (no cents).

ff. Child Support Paid: Amount of monthly child support expenses. Expense is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

gg. Benefit Payee/Vendor: *(Required) Drop down list for the Vendor providing assistance. (See Attachment).

ENERGY PROGRAMS

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

North Carolina DHHS CIP Web Site - Windows Internet Explorer

https://cip.test.dhhs.state.nc.us/cip_test/request_Application

File Edit View Favorites Tools Help

Home Feeds (1) Read mail Print Page Safety Help Send to OneNote Text size Tools

North Carolina Department of Health and Human Services

Energy Programs
TEST NC DHHS Division of Social Services TEST

[Main] [Case Mgmt] [Staff Mgmt] [Send Msg] [Reports] [Utilities] [Sys Info] [Email] [Policy] [Help] [Log Off]

How to enter a new LIEAP application form?

| NEW LIEAP Application | | | |
|-----------------------|------------------------|--|---------------------------------|
| Application #: | *** New *** | Date of Application: | 03/31/2015 * |
| Status: | Pending | Status Date: | 10/2/2015 |
| Denied Reason: | | | Fuel Type: <input type="text"/> |
| Check Status: | <input type="text"/> | | |
| County: | <input type="text"/> | County Case#: | <input type="text"/> |
| Assistance Type: | Heat | Worker/ District: | <input type="text"/> |
| Funding Type: | LIEAP FUNDING | DAAS: <input type="radio"/> Yes <input type="radio"/> No * | |
| Head of Household | | | |
| Case #: | 50089819 | SSN: | 579-66-8078 * |
| Name: | (First,MI,Last,Suffix) | DOB: | 11/8/1946 * |
| Gender: | Female * | Ethnicity: | N - Not Hispanic/Latino * |
| | | American Indian or Alaska Native: | <input type="checkbox"/> |
| | | Asian: | <input type="checkbox"/> |

100% 10:07 PM 10/2/2015

The total amount of assistance to be paid to the Vendor must be entered in this field. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.

NOTE: Vendor list will be displayed based on what is keyed in the "County" field.

- hh. Account Number: *(Required) Account Number is alphanumeric and 25 characters long.
- ii. **Address:** *The first address line along with city and state are required fields. All address inputs are expected to conform to Streamweaver and must follow US postal service regulations.
- jj. **Phone:** Telephone number. Area code is required when entering phone number. The input is automatically formatted when you leave the phone field.

EXAMPLE: 123-456-7890

- kk. **Account Information:** *(Required) This section must be completed. If not, the message 'THIS SECTION MUST BE COMPLETED' is displayed.

ENERGY PROGRAMS
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

| | | |
|----------------------|--|--|
| Payee/ Vendor: | Number: | |
| Address: | Address 1: <input style="width: 100%;" type="text"/> * Address 2: <input style="width: 100%;" type="text"/> City: <input style="width: 100%;" type="text"/> * State: NC * Zip: 28399 * | Phone: <input style="width: 100%;" type="text"/> |
| Account Information: | Have you lived at this address twelve(12) months or longer? <input type="button" value="v"/> * (If No, skip this section. If yes, proceed to next question.) Are the heating source and electric bills in your name? <input type="button" value="v"/> * (If No, skip this section. If yes, proceed to next question.) Heating Source: Vendor Name: <input style="width: 100%;" type="text"/> Account Number: <input style="width: 100%;" type="text"/> Electric Source : Vendor Name: <input style="width: 100%;" type="text"/> Account Number: <input style="width: 100%;" type="text"/> | |
| Comments: | <input style="width: 100%; height: 100%;" type="text"/> | |
| Vote | If you are not registered to vote where you live, would you like to apply to register to vote here today? <input type="radio"/> Yes <input type="radio"/> No (choose an | |

(1) Have you lived at this address 12 months or longer?
 Click space to indicate "Yes" or "No"
 If 'No' **STOP HERE**
 If "Yes" **Continue**

(2) Are the heating source and electric bills in your name?
 Click space to indicate "Yes" or "No"
 If 'No' **STOP HERE**
 If "Yes" **Continue**

(3) Heating source – field from a drop-down menu.

(4) Vendors name – choose item from the drop down.

(5) Electric – choose item from the drop down.

(6) Enter account number in the "Account Number" field.NOT

II. **Voter's Registration** - This section must be completed for the head of household.

ENERGY PROGRAMS

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

The screenshot shows a web browser window titled "North Carolina DHHS CIP Web Site - Windows Internet Explorer". The address bar shows the URL "https://cip.test.dhhs.state.nc.us/cip_test/request_Applicati...". The browser's search bar contains the text "intruit". The main content area is a green form titled "Account Information:". It contains the following fields and instructions:

- (If No, skip this section. If yes, proceed to next question.)
- Are the heating source and electric bills in your name? ☐ * (If No, skip this section. If yes, proceed to next question.)
- Heating Source:**
 - Vendor Name:
 - Account Number:
- Electric Source:**
 - Vendor Name:
 - Account Number:
- Comments:**
- Voter's Registration:**
 - If you are not registered to vote where you live, would you like to apply to register to vote here today? ☐ Yes ☐ No (choose an item)
 - If you do not check either box, you will be considered to have decided not to register to vote at this time.

At the bottom of the form are two buttons: "Add Application" and "Cancel". The status bar at the bottom of the browser window shows the date and time "10/4/2015 8:32:17 PM".

If you are not registered to vote where you live, would you like to apply to register to vote here today? Check "Yes" or "No"

NOTE: The statement "If you do not check either box, you will be considered to have decided not to register to vote at this time" has been added to the screen.

2. Once the required information has been entered, click the "Add Application" button. If a required field is missing, a message is displayed reporting the problem. Click the "OK" button in the message to continue entering at the input field causing the problem. Click the "Add Application" button again.

When all required information has been entered for the application, the Other Household Member List dialog box is displayed. This dialog box gives the user an option to bring forward the complete household member list from the most recently added application to this case (if the most recently added application has members). Select either "OK" to add the members or "CANCEL" to add the application without members.

A VIEW LIEAP application screen is displayed with the message ADD Successful and the system-assigned application number. Click on OK to bring forward the Other Household Member List section.

3. If no members are to be added to the application, click on the "Signature Page" button at the bottom of the VIEW LIEAP Application screen. The Signature Page appears. Print this page, and have the applicant read and sign.
4. To determine eligibility at this point, follow instructions in I. below.

ENERGY PROGRAMS LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

I. How to Enter a Member of the Household from the VIEW LIEAP Application Screen

The screenshot shows the 'North Carolina DHHS CIP Web Site' in a Windows Internet Explorer browser. The URL is https://cip.test.dhhs.state.nc.us/cip_test/requestlieap.asp. The form displays various fields for a household member, including Name, Gender (Female), Ethnicity (U - Unreported), Race (Black or African American: Yes), Language (EN - English), Relationship (Eligible), Medical Deduction (No), Disabled (No), Earned Income (\$1,000.00), SSA Income (\$0.00), SSI Income (\$0.00), WF Income (\$0.00), Other Income (\$0.00), Resources (\$0), Child Support Paid (\$0.00), Address (11 Lakeside Avenue, Garner NC 27529), and Home Directions. Below these fields is the 'Other Household Member List' table.

| Mem. | Member# | Member Name | Birth Date | SSN | Relation ship | Earned Income | Unearned Income | Resources |
|---|---------|-------------|------------|-----|---------------|---------------|-----------------|-----------|
| None | | | | | | | | |
| <input type="button" value="New Member"/> | | | | | | | | |

Below the table, there are fields for 'Benefit Payee/Vendor' (CP&L) and 'Account Number' (123-44444-22). At the bottom, there are buttons for 'Search', 'Case List', 'Application List', 'New CIP Application', 'New LIEAP Application', 'Edit Application', 'Eligibility', and 'Signature Page'.

The third section of the View Application Screen is "Other Household Member List." Members from the most recent application for the case are automatically brought forward. If no members are included in this application, "None" is displayed.

1. Click on the "New Member" button to add a member to the household. The New Member screen appears.

NOTE: Required fields are identified on the screen with a red asterisk (*).

- a. **Application #:** System Populated. This is the number identifying the application to which this member belongs.
- b. **SSN:** (required) Social Security Number. Social Security numbers are required for each member of the household. Enter zeros if the SSN is not known. Input is automatically formatted upon leaving the SSN field.
- c. **DOB:** (required) Date of Birth. Input is automatically formatted upon leaving the DOB field.
- d. **Name:** (First, MI, Last, Suffix) First Name and Last name are required. Enter the Middle Initial (MI) and Suffix if known.
- e. **Ethnicity:** Required field from a drop-down menu.

| | |
|----------|-----------------------|
| C | Hispanic Cuban |
|----------|-----------------------|

ENERGY PROGRAMS
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

| | |
|----------|----------------------------------|
| H | Hispanic Other |
| M | Hispanic Mexican American |
| N | Not Hispanic/Latino |
| P | Hispanic Puerto Rican |
| U | Unreported |

NOTE: Hispanic is an ethnicity, not a race. If Hispanic is checked, at least one race is required.

- f. **Race:** Required. (Select one or more that apply.) At least one race is required. The following check boxes are available to enter race.

| | |
|--|---|
| American Indian or Alaska Native | Click space to indicate "Yes". Leave blank to indicate "No". |
| Asian | Click space to indicate "Yes". Leave blank to indicate "No". |
| Black or African American | Click space to indicate "Yes". Leave blank to indicate "No". |
| Native Hawaiian or Other Pacific Islander | Click space to indicate "Yes". Leave blank to indicate "No". |
| White | Click space to indicate "Yes". Leave blank to indicate "No". |
| Unreported | Click space to indicate "Yes". Leave blank to indicate "No". |

- g. **Relationship:** Required Drop down list. Only "Eligible" or "Ineligible Alien" are valid choices for Case Head of Household.
- h. **Medical Deduction:** Click space to indicate "Yes". Leave blank to indicate "No".
- i. **Disabled:** Click space to indicate "Yes". Leave blank to indicate "No".
- j. **Earned Income:** Monthly gross earned income due to employment. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

EXAMPLE: 1500 is formatted to \$1500.00. 150092 is formatted to \$150,092.00. If cents are to be entered, be sure to insert the decimal: 1500.92.
- k. **SSA Income:** Monthly gross amount of Social Security benefits. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.
- l. **SSI Income:** Monthly gross amount of Supplemental Security Income. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.
- m. **WF Income:** Amount of monthly Work First payment received. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.
- n. **Other Income:** Monthly income from all other sources. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.
- o. **Resources:** (Required) A 4-digit field with no cents.

ENERGY PROGRAMS

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

- p. **Child Care Paid:** Enter the actual child care amount paid. The amount entered is automatically formatted when tabbing to another field. If an amount entered is more than \$999, a warning message displays, "You entered more than \$999 for child care expenses." Click the ok button to continue or click cancel to change.
 - q. **Paid By:** Drop down list. Options are: Paid by Eligible or Paid by Ineligible. Required if Child Care Expense is entered.
 - r. **Child Support Expense:** Amount of child support expenses. Expense is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.
2. Once the required information has been entered, click the "Add Member" button. If a required field is missing, an alert message is displayed to report the problem. Click the "OK" button in the alert to continue entering at the input field causing the problem, then click the "Add Application Member" button again. When all required information has been entered, a confirmation message appears to indicate that the system received the information and the "View Member" Screen appears along with the message ADD Successful and the system-assigned member number. Use this screen to verify that the information just entered is correct.

The screenshot shows a web browser window with the URL https://cip-test.dhhs.state.nc.us/cip_test/requestLieap.asp. The page title is "Energy Programs" and it includes a navigation bar with links: [Main] | Case Mgmt | Staff Mgmt | Send Msg | Reports | Utilities | Sys Info | Email | Policy | Help | Change Role | Log Off. A sub-header reads "TEST NC DHHS Division of Social Services TEST".

The main form is titled "NEW Member" and contains the following fields:

| | | | | | |
|---|--|--------------------------|-------------|--------------------------|--|
| Application #: | 31154533 | SSN: | | DOB: | |
| Name: (First, MI, Last, Suffix) | | | | | |
| Gender: | | Ethnicity: | | | |
| Race: (* Select one or more that apply) | American Indian or Alaska Native: | <input type="checkbox"/> | Asian: | <input type="checkbox"/> | |
| | Native Hawaiian or Other Pacific Islander: | <input type="checkbox"/> | White: | <input type="checkbox"/> | |
| | Black or African American: | <input type="checkbox"/> | Unreported: | <input type="checkbox"/> | |
| | Medical Deduction: | <input type="checkbox"/> | Disabled: | <input type="checkbox"/> | |
| Relationship: | | Earned Income: | | SSA Income: | |
| WF Income: | | Other Income: | | SSI Income: | |
| Child Care Expense: | | Paid By: | | Resources: | |
| | | | | Child Support Paid: | |

At the bottom of the form are two buttons: "Add Member" and "Cancel". The timestamp at the bottom right of the page is 3/17/2013 6:12:50 PM.

ENERGY PROGRAMS
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

3. The following navigation buttons appear at the bottom of the screen.
 - a. **SEARCH:** Returns the user to the EP Case Search screen.
 - b. **CASE LIST:** Returns the user to the EP Search Results screen.
 - c. **APPLICATION LIST:** Returns the user to the EP Application List screen.
 - d. **VIEW APPLICATION:** Returns the user to the current application.
 - e. **EDIT MEMBER:** Returns the user to the Edit Member screen to allow for any editing that may be necessary.
 - f. **NEW MEMBER:** Brings up another New Member Screen to allow for another member to be added.
 - g. **DELETE MEMBER:** Allows for the deleting of the member if entered in error.
4. Once all information has been keyed into the system, click on the “Signature Page” button at the bottom of the VIEW LIEAP Application screen. The Signature Page appears. Print this page and have the applicant read and sign.

J. Determine Eligibility from the VIEW LIEAP Application screen

Go to the bottom of the VIEW LIEAP Application screen and click the “Eligibility” button. This analyzes the application information submitted using the programmed financial eligibility requirements. Results are displayed in the Eligibility Worksheet Screen. There are three buttons at the bottom of the Eligibility Worksheet:

NOTE: Before approving or denying an application, review the Eligibility Worksheet. If any information on this screen is incorrect (spelling, income amounts, etc.,) click on the **NO ACTION** button to pend the case. Then edit the application to correct any incorrect information.

ENERGY PROGRAMS

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

North Carolina DHHS CIP Web Site - Windows Internet Explorer

https://cip.test.dhhs.state.nc.us/cip_test/approve.asp

File Edit View Favorites Tools Help

North Carolina DHHS CIP W... NCFast Olive Garden Breadsticks Co... North Carolina DHHS CIP W...

North Carolin... NC DHHS Online...

North Carolina Department of Health and Human Services

Energy Programs

TEST NC DHHS Division of Social Services TEST

[Main | Case Mgmt | Staff Mgmt | Send Msg | Reports | Utilities | Sys Info | Email | Policy | Help | Change Role | Log Off]

Eligibility Worksheet

Application #: 31154379 Case #: 50448643 Date of Application: 11/15/2011
Case Head Name: Wanda Wonderful

Household Members

| Name | DOB | Rel | Earned | Unearned | Stand Ded | Child Sup | Med De |
|-------------------|-----------|-----|------------|----------|-----------|-----------|--------|
| Wanda Wonderful | 8/30/1988 | E | \$2,200.00 | \$ 0.00 | \$ 440.00 | \$ 0.00 | \$ 0. |
| Kendall Wonderful | 3/31/2003 | I | \$ 500.00 | \$ 0.00 | | \$ 0.00 | |

2 Household Members

Eligible Members

| Name | Earned | Unearned | Stand Ded | Child Sup | Med Ded |
|-----------------|------------|----------|-----------|-----------|---------|
| Wanda Wonderful | \$2,200.00 | \$ 0.00 | \$ 440.00 | \$ 0.00 | \$ 0.00 |

Done

Trusted sites | Protected Mode: Off

150%

(Top half of Eligibility Worksheet screen)

ENERGY PROGRAMS

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

North Carolina DHHS CIP Web Site - Windows Internet Explorer

https://cip.test.dhhs.state.nc.us/cip_test/approve.asp

File Edit View Favorites Tools Help

North Carolina DHHS CIP Web Site

Total \$ 0.00

Final Calculations:

| | |
|--------------------------------------|------------|
| Income from Eligible Members | \$1,600.00 |
| Income from Ineligible Alien Members | + 0.00 |
| ----- | |
| Total | \$1,600.00 |

Maximum Income Level for a household with 3 (Eligible) member(s) is \$2009.
Net Countable Income for household is \$1,600.00.
Household is Income Eligible.

Maximum resource limit for all the household members is \$2200.
Combined resources amount of all the household members is \$0.
Household is Resource Eligible.

Maximum Lieap Funding for Wake County per family (case) with heating source of Fuel Oil per year is \$400.00.

Wake County has \$9,870.00 Lieap Funding available.
Wake County has sufficient Lieap Funding for this request.
APPROVED: Household Income Eligible, Has Not Exceeded maximum Lieap Funding,
and Sufficient County Funds.

Approve Deny [] No Action

11/8/2011 10:13:02 AM

Done

Start | Inbox - Microsoft Outlook | H:\ | LIEAP Training Instructio... | North Carolina DHHS ... | 10:14 AM

(Bottom half of the Eligibility Worksheet screen)

- Approve:** Clicking this button sets the status of this application to "Approved" and saves the eligibility results for this specific application. For Approved applications, an Approve and a Deny button are displayed at the bottom of the Eligibility Worksheet screen. The Deny button is displayed in the event the worker needs to deny the case because of other eligibility factors. Once approved, this application cannot be edited.
- Deny:** Clicking this button sets the status of this application to "Denied" and saves the eligibility results for this specific application. Click on the Deny drop-down prior to clicking on Deny button to select the denial reason. Once denied, this application cannot be edited.
- No Action:** Clicking this button returns the VIEW LIEAP Application screen without saving the eligibility results and sets the status of this application to "Pending." Pending cases may be edited.

The Eligibility button on the VIEW LIEAP Application Screen is available when status is Pending and may be used to test existing information for financial eligibility. This permits the user to edit a pending application and check updated application information for financial eligibility. The Eligibility Worksheet is saved by the system each time the Eligibility button is clicked and is either "Approved" or "Denied" or exited with "No Action" taken. When viewed, the last Eligibility Worksheet is displayed.

If an application is denied prior to creating an Eligibility Worksheet, a worksheet can neither be created nor viewed for this application.

ENERGY PROGRAMS

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

K. DSS-8107 Approval/Denial Notice

North Carolina DHHS CIP Web Site - Windows Internet Explorer

https://cip.test.dhhs.state.nc.us/cip_test/approve.asp

File Edit View Favorites Tools Help

North Carolina DHHS CIP Web Site

| Income from Ineligible Alien members | 0.00 |
|--------------------------------------|------------|
| Total | \$1,600.00 |

Maximum Income Level for a household with 3 (Eligible) member(s) is \$2009.
Net Countable Income for household is \$1,600.00.
Household is Income Eligible.

Maximum resource limit for all the household members is \$2200.
Combined resources amount of all the household members is \$0.
Household is Resource Eligible.

Maximum Lieap Funding for Wake County per family (case) with heating source of Fuel Oil per year is \$400.00.

Wake County has \$9,870.00 Lieap Funding available.
Wake County has sufficient Lieap Funding for this request.
APPROVED: Household Income Eligible, Has Not Exceeded maximum Lieap Funding,
and Sufficient County Funds.

Final Action Taken: **Denied** Reason: **Information cannot be verified**

By: **PLUCAS** On: **11/8/2011 11:57:38 AM**

[Return to VIEW Application](#) [Approval/Denial Notice](#)

[How to create and print DSS-8107 Approval/Denial Notice?](#)

11/8/2011 11:57:38 AM

Once eligibility has been determined and the caseworker has approved or denied the application, the system will generate the DSS-8107 approval/denial notice. To access this notice, click on the "Approval/Denial Notice" button at the bottom of the eligibility page. A separate window will appear containing the DSS-8107. Click on "Print This Page" at the top of the notice. The notice will print and the Notice of Rights (formally the backside of this notice) will appear. Click on "Print This Page" at the top of this form, sign the DSS-8107, and give both pages to the applicant.

Some computers require you to print Page 1, click on "X" at the top right-hand corner of the screen, and then print Page 2.

From the Eligibility Worksheet, click on Return to VIEW Application. This returns you to the VIEW LIEAP Application screen and you can review what was entered for the application.

620.04

HOW TO PRODUCE STANDARD REPORTS - AN OVERVIEW

Standard reports are available from the EP System. These reports can be accessed through the Reports Menu option at the top of each screen. Each report contains pre-selected fields in a standard format.

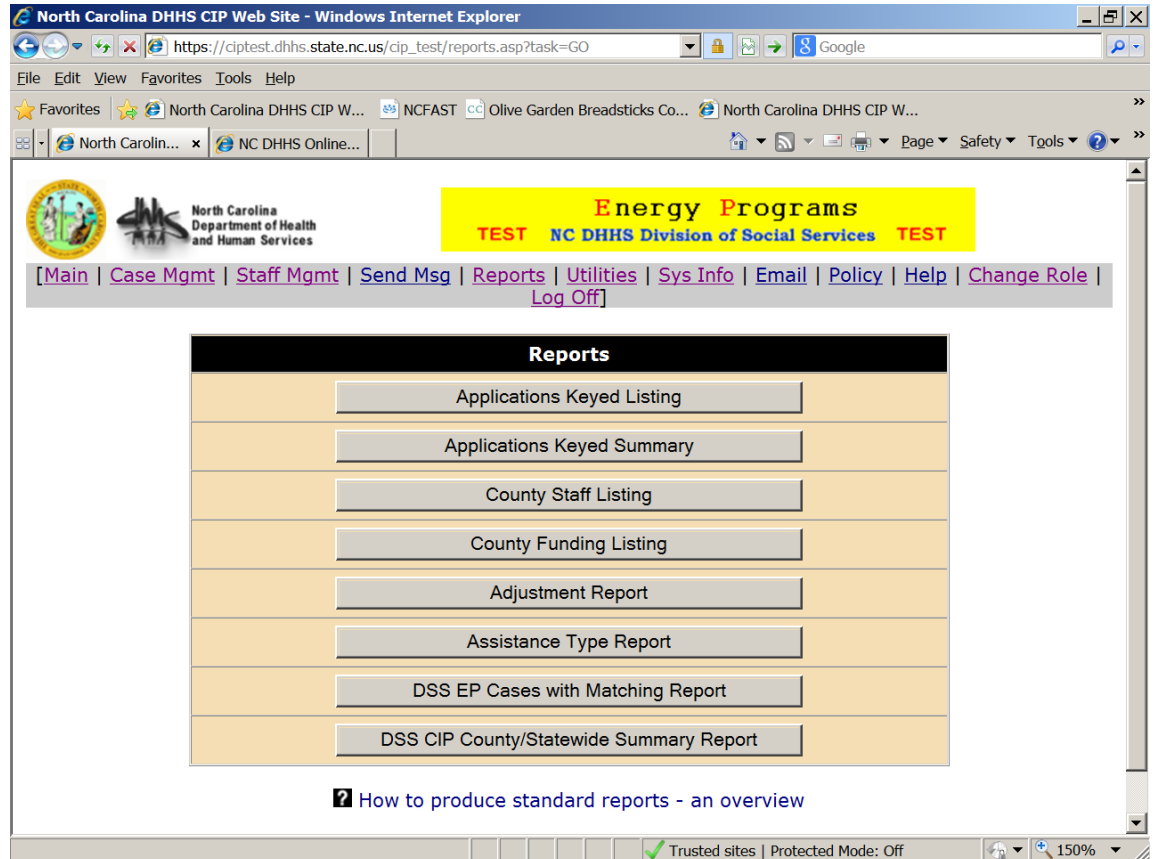
Selecting a report from the Report Menu displays a search screen that provides optional search criteria specific to that report. If any search criteria values are entered or selected, the resulting report displays only the data that match the search values. Empty search criteria fields (the default case) have no filtering effect on the report. The search conditions selected appear at the bottom of each report along with a date/time stamp.

ENERGY PROGRAMS

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

Printing is available from the user's browser for any report (or for any screen as well). Printing reports is controlled by the user's browser and the user's printer environment. Some reports print well in portrait mode, but some require landscape mode to print completely to the right margin. Some reports may benefit from legal size and landscape mode. Some users may also have a print scaling feature that allows the printer to shrink the print image size. Finding out about the printer's options and capabilities can be essential to effectively printing these (and other) reports.

All reports may be downloaded into an Excel spreadsheet by clicking on the "DOWNLOAD INTO EXCEL" option at the top of each report.



Standard Reports in the EP System -

The following list includes all standard reports available through the Reports Menu.

A. Applications Keyed Listing

1. Search Criteria
 - a. County
 - b. Request Type
 - (1) Crisis
 - (2) Disaster
 - (3) Show All

ENERGY PROGRAMS
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

- c. Funding Type is LIEAP Funding
- d. Worker/Dist
- e. Date Range (mmddccyy format)
- f. Status (approved, denied, pending)

This report may be searched by one or more status options.

EXAMPLE: To create a report for all pending cases in a county, leave the "Worker/Dist" blank, choose a date range, and choose "Pending" status.

2. Description

The purpose of this report is to track all CIP and LIEAP applications keyed.

3. This report contains the following information:

- a. County Name
- b. EP Case Number #
- c. County Case Number #
- d. Worker/District Number
- e. Application Number #
- f. Application Date
- g. Status (approved, denied, pending)
- h. Amount
- i. Adjustment Amount
- j. Reason for Denial
- k. Days Pending
- l. Last Name
- m. First Name
- n. MI
- o. Suffix
- p. Social Security Number

4. This report may be sorted clicking on any column that is underlined.

- a. County
- b. CIP Case EP Case #
- c. County Case #
- d. Worker/Dist
- e. Application #
- f. Date of App
- g. Status
- h. Amount
- i. Adjusted Amount
- j. Reason for Denial
- k. Days Pending
- l. Last Name
- m. First Name
- n. MI
- o. Suffix
- p. SSN

B. Applications Keyed Summary

- 1. Search Criteria
 - a. County

ENERGY PROGRAMS
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

- b. Application Type
 - (1) Crisis: Funding Type required.
 - (2) Disaster: Funding Type not allowed.
 - (3) Show All
- c. Funding Type is LIEAP Funding
- d. Worker/Dist
- e. Date Range (mmddccyy format)
- f. Status (approved, denied, pending)

This report may be searched by one or more options.

EXAMPLE: To create a report for all cases in a county, leave the "Worker/Dist" blank, choose a date range, and leave the "Status" selection blank. The report will be created showing a summary of ALL cases entered during the chosen time frame.

2. Description

The purpose of this report is to provide the county with a summary of the number of applications approved, denied, or still pending and the amount of monies distributed.

3. This report contains the following information:

- a. County Name
- b. Approved Count
- c. Approved Amount
- d. Adjustment Amount
- e. Denied Count
- f. Denied Amount
- g. Pending Count
- h. Pending Amount

C. County Staff Listing

1. Search Criteria (by County)

2 Description

The purpose of this report is to provide a listing of staff who have access to the CIP and LIEAP System and their level of access. This report should be reviewed on a regular basis to ensure that all former personnel are removed from the system.

3 This report contains the following information:

- a. County Name
- b. User ID
- c. User Name
- d. Email Address
- e. Level of Access
- f. Statewide Access (Yes or No)
- g. Access Begin Date

D. County Funding Listing

1. Search Criteria (by County)

ENERGY PROGRAMS
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) SYSTEM INSTRUCTIONS

- a. County
- b. Funding Type is LIEAP Funding
- c. Reporting Year

2. Description

The purpose of this report is to provide the county with a tool to track the available balance of CIP and LIEAP funds.

3. This report contains the following information:

- a. County Name
- b. Original Allocation Amount
- c. Amount of Expenditures
- d. Amount of Adjustments.
- e. Balance of Funds

E. Adjustment Report

1. Search Criteria (by County)

- a. County
- b. Request Type
 - (1) Crisis
 - (2) Disaster
- c. Funding Type is LIEAP Funding
- d. Date Range From (mmddccyy format)

2. Description

The purpose of this report is to provide the county with a listing of adjustments made. This report may be used as a tracking tool.

3. This report contains the following information:

- a. County Name
- b. EP Case #
- c. Application #
- d. Date of App
- e. Name (Last, First, MI, Suffix)
- f. Vendor
- g. Adjustment Reason
- h. Approval Amount
- i. Adjustment Amount

4. This report may be sorted by clicking on a column that is underlined:

- a. County Name
- b. EP Case #
- c. Application #
- d. Date of App
- e. Name (Last, First, MI, Suffix)
- f. Vendor
- g. Adjustment Reason
- h. Approval Amount
- i. Adjustment Amount

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F. DSS EP Cases with Matching Report

1. Search Criteria

- a. County
- b. Date Range From
- c. Matching On:
 - (1) SSN
 - (2) Address
 - (3) Name

2. Description

The purpose of this report is to provide the county with a tool to identify possible duplicate issuances of benefits. This report can be used to show if two CASES have individuals with the same SSN and/or name and can be used to see if two different individuals have applied using the same address. It is recommended that each county run these match reports at least once per month.

3. This report contains the following information:

- a. County Name
- b. Case Number
- c. County Case Number
- d. SSN
- e. Head of Household's Name
- f. Head of Household's Date of Birth
- g. Address – line 1
- h. Address – line 2
- i. City

G. DSS CIP County/Statewide Summary Report

This report is used by State Office staff to pull data from the Energy Programs System (for CIP and LIEAP) that gets reported to the State and Federal government upon request.

620.05 UTILITIES

The utilities screen provides the user with a menu containing four options.

A. Data Entry Deletions

Only those individuals with "Allow Updating" capability are able to use this function.

A case or an application that has been entered IN ERROR may be deleted using this function. Do not use this function to delete a case or an application that should have been denied, but was approved in error. **Deletions of a case or an application must be made within the current fiscal year.**

- 1. From the Utilities Menu, click on "DATA ENTRY DELETIONS".
- 2. Click on the down arrow to choose whether the entire case is to be deleted or if just one application on the case is to be deleted.
- 3. If case is chosen, enter the EP CASE number and then click NEXT.

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4. The Data Entry Deletions screen appears. This screen shows:
 - a. Case #
 - b. HOH Name
 - c. The application number, date, status and amount of ALL applications entered under that Case #.
 - d. Reason for Deletion. This is a required field that must be entered by the worker deleting the case/application.

NOTE: Review this screen CAREFULLY before proceeding. Deletion of a CASE will delete ALL applications associated with that case.

B. Reset Application to Pending

Only those individuals with “Allow Updating” capability are able to use this function.

An application that needs to be corrected (adding individuals, income corrections, etc) can be reset to pending status using this function.

1. From the Utilities Menu, click on “Reset Application to Pending.”
2. Enter the application number that is in error and then click NEXT.
3. The Data Entry Reset screen appears. This screen shows:
 - a. Application #
 - b. Application Date
 - c. Status (approved/denied)
 - d. Amount
 - e. Reason for Resetting to Pending. This is a required field that must be entered by the worker resetting the application.

NOTE: Review this screen carefully before proceeding. Be sure this is the application to be reset. If application is not the county that owned the application, the following error message will display: ‘**Application is active in another county**’.

C. Update County Address/Telephone Number

Use this option to update the county address and telephone number when either changes. It is important to keep this information up-to-date, as this is where the DSS-8107 Approval/Denial Notice gets the information to populate the county address.

D. Application Adjustment Corrections

Use this option to make corrections to the approval amount on a case when a vendor or client returns the unused portion.

EXAMPLE: Application is approved for \$200.00 for fuel oil. The vendor or client can only put \$170.00 of fuel oil in the customer’s tank. The vendor returns \$30.00. Use this screen to “refund” the \$30.00 to the county and to the client.

1. From the Utilities Menu, click on “Application Adjustment Corrections.”
2. Enter the Application Number of the application to be adjusted and then click on “NEXT.”
3. The next screen will show the case number, application number, vendor name, and approved amount. Before proceeding, verify that this information is correct.

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4. Key in the amount returned from the vendor.
5. Key in the reason for return.
6. Click on "UPDATE."
7. The amount keyed will be refunded to the county balance, and the applicant's approved amount will be adjusted.

NOTE: Vendor/Client Based Corrections can only be corrected by the county that keyed the application. If application is not the county that owned the application, the following error message will display: **'Vendor/Client Based Correction cannot be made; application is not in your county'**.

E. Corrections for Duplicate Cases

Corrections to duplicate cases must be completed by the county during the current State fiscal year. Follow instructions outlined in section 620.05 A - Data Entry Deletions. Any duplicate cases not corrected and remain after the current State fiscal year *cannot* be changed or corrected by the state.

It is imperative to complete a thorough Name and/or Social Security Number search for each member of the household. Another user friendly search to use is to access the DSS EP Cases with Matching Report Inquiry. Usage of these methods prior to creating new cases may help to avoid duplicate cases.

If corrections are not completed in a timely manner, the county must document the case record to indicate duplicate cases exist and corrections not made prior to current fiscal year.

620.06 QUESTIONS ABOUT THE DSS CRISIS INTERVENTION PROGRAM AND LOW INCOME ENERGY ASSISTANCE PROGRAM IN THE EP SYSTEM

If questions cannot be answered or resolved, call the DSS Information Support staff at 919-527-6270.

620.07 HELP

The EP User's Guide for CIP and LIEAP is available by clicking on the "HELP" navigation button that is at the top of each screen.

To further assist the user, links have been provided on each page. Clicking on these links will take the user directly to that section of the User's Guide via a pop-up window.

All CIP cases must be processed within 18-48 hours. LIEAP cases can be processed as soon as all the application information is obtained and ready to be processed.

If there is a question regarding a specific case, contact the Economic and Family Services Help Desk at (919) 527-6300 or via email at **DSS.EFSHD@dhhs.nc.gov**.